

UNITED STATES BANKRUPTCY COURT

Middle District of Pennsylvania

In re: THOMAS NILES GOLLICK, SR.

Case No. 1-18-03319-HWV

CHAPTER 13 DEBTOR'S CERTIFICATIONS REGARDING
DOMESTIC SUPPORT OBLIGATIONS AND SECTION 522(q)

Part I. Certification Regarding Domestic Support Obligations (check no more than one)

Pursuant to 11 U.S.C. Section 1328(a), I certify that:

- ☒ I owed no domestic support obligation when I filed my bankruptcy petition, and I have not been required to pay any such obligation since then.
- ☐ I am or have been required to pay a domestic support obligation. I have paid all such amounts that my chapter 13 plan required me to pay. I have also paid all such amounts that became due between the filing of my bankruptcy petition and today.

Part II. If you checked the second box, you must provide the information below.

My current address: _____

My current employer and my employer's address: _____

Part III. Certification Regarding Section 522(q) (check no more than one)

Pursuant to 11 U.S.C. Section 328(h), I certify that:

- ☒ I have not claimed an exemption pursuant to §522(b)(3) and state or local law (1) in property that I or a dependent of mine uses as a residence, claims as a homestead, or acquired as a burial plot, as specified in §522(p)(1), and (2) that exceeds \$189,050.50* in value in the aggregate.
- ☐ I have claimed an exemption pursuant to §522(b)(3) and state or local law (1) in property that I or a dependent of mine uses as a residence, claims as a homestead, or acquired as a burial plot, as specified in §522(p)(1), and (2) that exceeds \$189,050.50* in value in the aggregate.

*Amounts re subject to adjustment on 04/25/25, and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

Part IV. Debtor's Signature

I certify under penalty of perjury that the information provided in these certifications is true and correct to the best of my knowledge and belief.

Executed on 9/20/22
Date

Rochelle L. Harter
Debtor
Executing -
Thomas N. Hollick, Sr.

Will

THOMAS N. GOLLICK, SR.

I, Thomas N. Gollick, Sr., of Delaware Township, Juniata County, Pennsylvania, declare this to be my last will and revoke any will previously made by me.

ITEM I I am a divorced man, with one adult son, Thomas N. Gollick, Jr.

ITEM II: I direct that all my just debts and funeral expenses, and all expenses of my last illness, shall be paid from my residuary estate as soon as practicable after my decease as a part of the expense of the administration of my estate.

ITEM III: I devise and bequeath my white gold and diamond ring to my son, Thomas N. Gollick, Jr., and I devise and bequeath the residue of my estate of every nature and wherever situate to Rochelle K. Harter.

ITEM IV: I direct that all taxes that may be assessed in consequence of my death, of whatever nature and by whatever jurisdiction imposed, shall be paid from my residuary estate as a part of the expense of the administration of my estate.

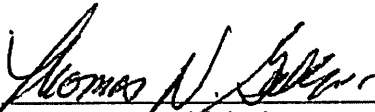
ITEM V: I appoint Rochelle K. Harter to be my executor.

ITEM VI: I direct that any fiduciaries appointed under this will shall not be required to give bond for the faithful performance of their duties in any jurisdiction.

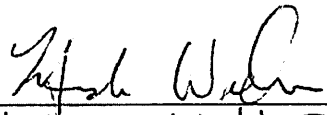
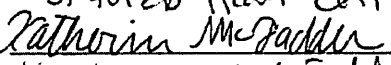
Philpott Wilson LLP
217 N. HUNTSVILLE
P.O. BOX 116
DUNCANSON, PA 17020
(717) 834-3087

Jerry A. Philpott, Esq.
Jennifer P. Wilson, Esq.

IN WITNESS WHEREOF, I have hereunto set my hand this July 6, 2017, at Camp Hill,
Cumberland County, Pennsylvania.


Thomas N. Gollick, Sr.

The preceding instrument, consisting of this and one other computer printed page identified by the signature of the testator, Thomas N. Gollick, Sr., was on the day and date thereof signed, published and declared by Thomas N. Gollick, Sr., the testator named therein, as and for his last will, in the presence of us, who, at his request, in his presence, and in the presence of each other have subscribed our names as witness hereto.


Lertasha Walter
Holy Spirit Hospital
Ortizio Heart Center

Katherine McFadden
Holy Spirit Hospital
Ortizio Heart Center

Philpott Wilson LLP
222 N. HIGH STREET
P.O. BOX 116
DUNSCANNON, PA 17020
(717) 834-3087

Jerry A. Philpott, Esq.
Jennifer P. Wilson, Esq.

Commonwealth of Pennsylvania }
County of ~~Perry~~ Cumberland }

ACKNOWLEDGMENT

I, Thomas N. Gollick, Sr., the testator whose name is signed to the attached or foregoing instrument, having been duly qualified according to law, do hereby acknowledge that I signed and executed the instrument as my last will; that I signed it willingly; and that I signed it as my free and voluntary act for the purposes therein expressed.

Thomas N. Gollick, Sr.
Thomas N. Gollick, Sr.

AFFIDAVIT

We, Latasha Walters and Katherine McFadden, the witnesses whose names are signed to the attached or foregoing instrument, being duly qualified according to law, do depose and say that we were present and saw the testator sign and execute the instrument as his last will; and that he signed willingly, and that he executed it as his free and voluntary act for the purposes therein expressed; and that each of us, in the hearing and sight of the testator, signed the will as witnesses; and that to the best of our knowledge, the testator was at that time eighteen (18) or more years of age, of sound mind and under no constraint or undue influence.

Latasha Walters
Holy Spirit Hospital
Orterzio Heart Center
Katherine McFadden
Holy Spirit Hospital
Orterzio Heart Center

The above acknowledgment and affidavit were sworn to or affirmed and subscribed before me by Thomas N. Gollick, Sr., the testator, and Latasha Walters and Katherine McFadden, witnesses, on Thursday, July 6, 2017.

Jennifer P. Wilson

Philpott Wilson LLP
227 N. HIGH STREET
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DUNCANNON, PA 17020
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Jerry A. Philpott, Esq.
Jennifer P. Wilson, Esq.

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Jennifer P. Wilson, Notary Public
Duncannon Boro, Perry County
My commission expires October 12, 2018

LOCAL REGISTRAR'S CERTIFICATION OF DEATH

WARNING: It is illegal to duplicate this copy by photostat or photograph.

Fee for this certificate: \$20.00



This is to certify that the information here given is correctly copied from an original Certificate of Death duly filed with me as Local Registrar. The original certificate will be forwarded to the State Vital Records Office for permanent filing.

P 27298097

Certification Number

Garrett T. Grey 3/14/21
Local Registrar Date Issued

Type/Print in
Permanent
Block (ink)

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS

CERTIFICATE OF DEATH

State File Number: 327031-2021

1. Decedent's Legal Name (First, Middle, Last, Suffix) Thomas N Gollick Sr		2. Sex Male	3. Social Security Number 8832	4. Date of Death (Month dd, yyyy) February 28, 2021
5a. Age-Last Birthday (Yrs) 65	5b. Under 1 Year Months 0 Days 0	5c. Under 1 Day Hours 0 Minutes 0	6. Date of Birth (Mo/Day/Year) (Spell Month) February 07, 1956	
7a. Birthplace (City and State or Foreign Country) Mechanicsburg, Pennsylvania		7b. Birthplace (County) Cumberland		
8a. Residence (State or Foreign Country) Pennsylvania		8b. Residence (Street and Number - Include Apt No.) 158 Farm Drive		8c. Did Decedent Live in a Township? <input checked="" type="checkbox"/> Yes, decedent lived in Delaware Township twp.
8d. Residence (County) Juniata		8e. Residence (Zip Code) 17094		8f. Decedent lived within limits of _____ city/town.
9. Ever in US Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. Marital Status at Time of Death <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
11. Father / Parent's Name (First, Middle, Last, Suffix) Peter Gollick Jr.		12. Mother / Parent's Name Prior to First Marriage (First, Middle, Last, Suffix) Rochelle K. Harter		
13. Informant's Name Rochelle K. Harter		14a. Relationship to Decedent Spouse		14b. Informant's Mailing Address (Street and Number, City, State, Zip Code) 158 Farm Drive Thompsonstown, PA 17094
15. Place of Death (Check only one) <input checked="" type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Inpatient <input type="checkbox"/> Dead on Arrival		16. City or Town, State, and Zip Code Lewistown, Pennsylvania 17044		
17. Facility Name (if not institution, give street and number) Gelinger-Lewistown Hospital		18. Date of Disposition March 02, 2021		
19. Method of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)		20. Place of Disposition (Name of cemetery, crematory, or other place) King-Barr Funeral Home, LLC		
21. Location of Disposition (City or Town, State, and Zip) Lewistown, Pennsylvania		22. Signature of Funeral Service Licensee or Person in Charge of Interment Ryan Curtis Pullman (Electronically Signed)		23. License Number FD138866
24. Name and Complete Address of Funeral Facility Brown Funeral Homes Inc (McAlisterville) 111 Westfall Street McAlisterville, Pennsylvania 17049				
25. Decedent's Education - Check the box that best describes the highest degree or level of school completed at the time of death.				
<input type="checkbox"/> 8th grade or less <input type="checkbox"/> No diploma, 9th - 12th grade <input checked="" type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate's degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LL.M., JD)				
26. Decedent's Race - Check ONE OR MORE races to indicate what the decedent considered himself or herself to be.				
<input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander				
27. Decedent's Usual Occupation - Indicate type of work done during most of working life. DO NOT USE RETIRED. Machinist				
28. Kind of Business/Industry Federal Government				
29. Date Pronounced Dead (Mo/Day/Yr) February 28, 2021		30. Signature of Person Pronouncing Death (Only when applicable) Sireesha Vemuri-Reddy MD		31. License Number MD453645
32. Date Signed (Mo/Day/Yr) February 28, 2021		33. Was Medical Examiner or Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
34. Part I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.				
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. ARDS Due to (or as a consequence of): b. COVID 19 pneumonia Due to (or as a consequence of): c. Due to (or as a consequence of): d. Due to (or as a consequence of):				
35. Part II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I.				
36. Was an autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
37. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
38. If Female: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		39. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably Unknown		
40. Date of Injury (Mo/Day/Yr) (Spell Month)		41. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		
42. Place of Injury (e.g., home; construction site; farm; school)		43. Location of Injury (Street and Number, City, State, Zip Code)		
44. Injury at Work <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		45. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		
46. Describe How Injury Occurred:				
47. Certifier - physician, certified registered nurse practitioner, physician assistant, medical examiner/coroner (Check only one): <input checked="" type="checkbox"/> Certifying only - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.				
Signature of certifier, Sireesha Vemuri-Reddy (Electronically Signed)		Title of certifier, MD		
48. Name, Address and Zip Code of Person Completing Cause of Death (Item 28) Sireesha Vemuri-Reddy 400 Highland Avenue Lewistown, Pennsylvania 17044		49. Date Signed (Mo/Day/Yr) March 01, 2021		
50. Registrar's District Number 34-307		51. Registrar's Signature Garrett T Grey (Electronically Signed)		
52. Registrar File Date (Mo/Day/Yr) March 02, 2021		53. Date Signed (Mo/Day/Yr) March 02, 2021		
54. Amendments				

State Use Only

Disposition Permit No. _____

H105-143
REV 11/2017-E

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF JUNIATA

SHORT CERTIFICATE

I, Alicia A. Seigler, Register of Wills in and for the Probate of Wills and Grant Letters Testamentary County of Juniata, in the Commonwealth of Pennsylvania, do hereby certify that on the 29th day of November, 2021, Letters Testamentary in common form were granted by the Register of said County, on the estate of THOMAS N GOLLIICK, SR, late of DELAWARE TOWNSHIP in said county, deceased, to ROCHELLE K HARTER,

And that same has not since been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said office at MIFFLINTOWN, PENNSYLVANIA, this 29th day of November, 2021.

Date of Death February 28, 2021
File No. 3421-0154
Social Security No. ~~3421-0154~~-8632


Alicia A Seigler, Register of Wills



NOT VALID WITHOUT ORIGINAL SIGNATURES AND IMPRESSED SEAL

